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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None TMAI*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None TMAI*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/02/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>TMAI</i> Initials				

## ADDRESS

24628

## TITLE

Baton scabbard

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